OVERVIEW OF THE LEVEL OF PUBLIC CONCERN ABOUT ACCESS TO HEALTH SERVICES DURING THE COVID-19 PANDEMIC

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ABSTRACT

Background: During the current Covid-19 pandemic, public visits to health facilities such as hospitals, health centers, and clinics have decreased. People are increasingly worried about visiting health facilities for fear of contracting it.

Aims: The purpose of this study was to measure the level of public concern about visiting a health facility during a pandemic when experiencing health problems.

Method: This research is a quantitative research using an analytical approach and study design cross sectional. The population in this study were all Indonesian people and the number of samples in this study was 118 people. The analytical method used is univariate about the respondent's identity (gender, age, occupation, and education) and bivariate to determine the correlation of the independent variables with the dependent variable using the test chi-square. The sampling technique uses the technique accidental sampling.

Result: The results of the study showed that there was no relationship between the level of knowledge and the level of public concern about visiting health facilities p-value 0.421.

INTRODUCTION

At this time the world is facing a virus outbreak. A virus that has sufficiently high pathogenicity and infectivity that on 30th January 2020, WHO designated it as a Public Health Emergency of International Concern (PHEIC), and until now it has become a pandemic (Virza Nanda Triandini, 2022). A pandemic is a case in the form of an outbreak that has crossed national borders. Previously, this disease was only called "2019 novel coronavirus" or "2019-nCoV", but on 11th February 2020, World Health Organization announced the official name of the disease that causes the 2019 novel coronavirus
outbreak, which was first identified in Wuhan, China (Yuliana, 2020)

Since it was discovered on December 31, 2019, in Wuhan, Hubei Province, China, transmission has occurred very quickly from human to human. Based on data from Worldometer on 1st October 2020, COVID-19 has infected as many as 34,166,631 people spread across 215 countries and has claimed as many as 1,018,871 people in various countries (Junaedi & Salistia, 2020). The high prevalence is caused by many factors, for example, the characteristics of the population, the environment, and the preparedness of various countries especially in poor countries, where resource-intensive interventions are not an option. In addition, there are high-risk groups in the occurrence of this transmission in various countries (Puspitorini, 2020; Syahrial, 2020).

In Indonesia itself, the Covid-19 case was first announced on March 2 2020 which was revealed after reports that a Japanese citizen was positive for Covid-19 and had previously visited Indonesia (Fitrianty et al., 2021).

Given the number of people infected every day, it's only natural that people are afraid. The government always reminds us to keep our distance, wear a mask when leaving the house, gather together without a clear purpose, and avoid medical examinations as much as possible. These actions cannot be justified, especially the 3rd action. Medical examination when symptoms occur is important (Budiastuti et al., 2021).

With that, if it is indeed infected, take the right and fast steps as much as possible so that the spread does not occur. But people prefer to avoid going to hospitals or clinics. There are even cases where people who are sick but don't have symptoms of Covid-19 are reluctant to go to the hospital for fear of contracting it (Halim et al., 2021).

In the United States and the United Kingdom, several reports show a significant reduction in emergency visits for heart disease because people are afraid of contracting COVID-19 in the hospital (Anung Ahadi Pradana, Casman, 2020). As a result of the emergence of Covid-19, people are increasingly worried about visiting the hospital (RS). In North Sulawesi, the decrease in hospital visits was up to 80 percent. There is only one reason, they are afraid of being exposed to the coronavirus (Ismail et al., 2020).

Community visits to health facilities in Gunung Kidul Regency have also decreased during the Covid-19 pandemic. They are reluctant to go to hospitals, private hospitals, and public health centers for fear of contracting the coronavirus (Miftahul Reski Putra Nasjum, 2020).

This decline was not limited to government-owned health services, such as hospitals and health centers. But also hospitals or private clinics are affected. Some patients choose to refrain from being
examined for fear of exposure (Irawan & Perindustrian, 2020).

Therefore, there must be innovations to the health system that must be carried out. For example, socialization or consultations that can be carried out remotely between patients and medical personnel and the application of appropriate and appropriate health protocols.

The purpose of this research is to measure the level of public concern about visiting health facilities during the Covid-19 pandemic when experiencing health problems.

METHODS

This type of research includes quantitative research and an analytic approach. Research with a study design cross-sectional is a study that examines the dynamics of the correlation between risk factors and effects, using an observational approach or data collection of the independent variable and the dependent variable done one time at the same time. Analysis cross-sectional, cause or risk and effect variables or cases that occur in the object of research are measured and collected simultaneously or at the same time. The research variable consists of the independent variable, namely public knowledge about Covid-19, and the dependent variable, namely access to health services by the community.

The method of data collection is done by using a questionnaire through the Google Form facility. The knowledge questionnaire consists of 10 questions about who is at risk, how it is transmitted, whether it can be spread by animals, the time it takes for covid symptoms to appear, how long the virus lasts on surfaces, symptoms, the difference between covid and ordinary influenza, whether it can be transmitted by people without symptoms, whether it can be transmitted through the air, and how to prevent Covid-19. The questionnaire on access to health services by the community consists of 8 questions about whether you have ever been sick during the Covid-19 pandemic, whether you visited a health facility during Covid-19 when you were sick, alternatives to do if you did not visit a health facility, feelings of worry when visiting a health facility, fear of being exposed to Covid-19, worry about meeting with health workers, worry about being diagnosed, and it's better to recover health independently.

The population of this research is all Indonesian people. Sampling technique using accidental sampling, that is, anyone filling out the Google form that has been distributed in various media. The number of samples based on the results of filling out the Google form was 118 people.

The analysis used in this study was univariate about the respondent's identity (gender, age, occupation, and education) and bivariate to determine the correlation of the independent variables with the dependent variable using the chi-square test.
RESULTS

The reduced number of visits by the public to health facilities during the COVID-19 pandemic is likely to cause a high risk of non-communicable diseases. The decline in visits to health facilities was due to policies regarding limiting the number of visits and hours of service at health facilities such as hospitals, health centers, and clinics.

In addition, many health facilities have been forced to close due to limited facilities for preventing Covid-19, including the provision of Personal Protection Equipment (PPE) such as clothes, masks, and gloves. The limited availability of PPE, especially in non-government health facilities because the funds for the provision come from self-supporting clinics, whose prices are quite high and the quantities are limited.

Table 1.1 above the characteristics of respondents based on gender, it was found that the number of respondents in this study were 118 people, consisting of 35 men (29.7%) and 83 women (70.3%).

Table 1.1 above is the characteristics of the respondents based on the finding that the number of respondents who filled out the questionnaire the most were aged 15-25 years as many as 89 respondents (75.4%), and at least 46-50 years of age as many as 2 respondents (1.7%)

Table 1.1 above is the distribution of respondents based on education. Finally, it was found that the education of most respondents was the senior high school with 82 people (67%) and the least were elementary school and junior high school, each 1 respondent (0.8%)

Table 1.1 above shows the level of public knowledge about Covid-19, showing that 14 people (11.9%) have a low level of knowledge and 104 people (88.1%) have a high level of knowledge.

Table 1.1 above shows the level of public concern about visiting health facilities, showing that people with a low level of concern are 25 people (21.2%), medium 40 people (33.9%), and high 53 (44.9%).

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<thead>
<tr>
<th>Table 1.1 Characteristics of Respondents</th>
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<td>Characteristics</td>
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<td>Gender</td>
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<td>Woman</td>
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<td>15-25</td>
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<td>Education</td>
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<td>Senior High School</td>
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<td>Undergraduate</td>
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<td>Knowledge Level</td>
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Source: Primary Data 2020
Relationship Level of Knowledge and Level of Concern

Table 1.2 The Relationship between Knowledge Level and Respondent's Level of Concern

<table>
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<tr>
<th>Knowledge Level</th>
<th>Concern Level</th>
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<tbody>
<tr>
<td>Low</td>
<td>Low</td>
<td>Currently</td>
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<tr>
<td>Low</td>
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<tr>
<td>Height</td>
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<td>34</td>
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<tr>
<td>Total</td>
<td>25</td>
<td>40</td>
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Source: Primary Data 2020

From Table 1.2 above, the relationship between the level of knowledge and the level of concern of the respondents shows that the highest is a high level of knowledge has a high level of concern as many as 49 people and the lowest is a low level of knowledge with a low and high level of concern as many as 4 people.

The test results obtained a p-value of 0.421 > 0.05 which means Ha is rejected and H0 is accepted. So there is no relationship between the level of knowledge and the level of concern about visiting health facilities.

DISCUSSION

Efforts to break the chain of the spread of Covid-19 require good understanding and knowledge from all elements, including the community. Knowledge is a result of curiosity through the process of accessories, especially in the eyes and ears of certain objects. A person's knowledge is influenced by several factors, including the level of education, occupation, general, environmental factors, and sociocultural factors (Notoatmodjo S, 2010).

Someone who already knows certain information, then he will be able to determine and make a decision on how he should deal with it. In other words, when someone has information about Covid-19, he will be able to determine how he should behave towards Covid-19 (IkaPurnamasari1, 2020)

Worry is the attitude of the respondent to think excessively or worry too much about a problem or situation. The high increase in the number of Covid-19 cases at this time makes people worried and even afraid don't want to visit health facilities and prefer to do treatment independently at home (Agung, 2020).

The Covid-19 pandemic has created concern for various conditions. Uncertainty and distancing oneself from the outside world have the potential to affect everyone's mental health. In a survey conducted by the Central Statistics Agency (BPS), 69.43% of respondents said they were very worried when they left the house. Likewise, the massive media coverage of Covid-19 caused anxiety for 65.03% of respondents (Aritonang et al., 2021).

The current Covid-19 pandemic situation worries many people because they feel worried or anxious and even afraid to visit health facilities for one reason, fear of being exposed to the coronavirus.

This attitude causes a person to become distracted, to focus on negative events that might occur, and to be overcome by
unreasonable and unfounded fears. In severe cases, worry can lead to severe anxiety and panic, and may become a chronic problem if left untreated (Markus et al., 2018).

The results showed that the p-values big 0.421 mean p-value > 0.05 which means Ha is rejected and H0 is accepted. The conclusion is that there is no relationship between the level of knowledge and the level of concern about visiting health facilities.

CONCLUSION

Based on the results of this study, it shows that public knowledge about Covid-19 is in the high category and the level of public concern about visiting health facilities during a pandemic is in the low category. The test results obtained show that there is no relationship between the level of public knowledge and the level of concern of the public visiting health facilities.

SUGGESTION

As for the suggestions in this study, the researcher only involved the knowledge variable in seeing the level of concern of respondents regarding visits to health facilities by the community when experiencing health problems. To make it better, researchers involve several supporting variables that can be seen from various sides such as economics, attitudes, and so on.

REFERENCES


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